

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	PAGE OF PAGES 1 of 20
2. AMENDMENT/MODIFICATION NO. 2	3. EFFECTIVE DATE February 15, 2001	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)		
6. ISSUED BY US DEPT OF LABOR, ETA OFFICE OF JOB CORPS 201 VARICK ST, ROOM 897 NEW YORK, NEW YORK 10014		7. ADMINISTERED BY (If other than Item 6) CODE			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) POTENTIAL OFFERORS				9A. AMENDMENT OF SOLICITATION NO. AE92C01000 [NEW YORK CITY O/A & CDSS]	
				9B. DATED (SEE ITEM 11) FEBRUARY 14, 2001	
				10A. MODIFICATION OF CONTRACT/ORDER NO.	
				10B. DATED (SEE ITEM 13)	
CODE		FACILITY CODE			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<p>The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:</p> <p>(a) By completing Items 8 and 15, and returning <u>3</u> copies of the amendment; (b) by acknowledging receipt of this amendment on each copy of the offer submitted; or (c) by separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.</p>					
12. ACCOUNTING AND APPROPRIATION DATE (If required) N/A					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
(T)	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).				
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:				
	D. OTHER (Specify type of modification and authority)				
E. IMPORTANT: Contractor is not required to sign this document and return copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
PURPOSE:					
1. To add section "J" Attachments to the RFP					
2. To add section "G" charts to the RFP.					
MODIFICATION:					
1. Attachments J-1 through J-8 are hereby added to the subject RFP					
2. Section "G" Charts [Mod pages 19 & 20] are hereby added to the subject RFP.					
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or Print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
			JOSEPH SEMANSKY, CONTRACTING OFFICER		
15B. CONTRACTOR/OFFEROR		15C. Date Signed	16B. UNITED STATES OF AMERICA		16C. Date Signed
_____ _____ (Signature of person authorized to sign)			BY _____ (Signature of Contracting Officer)		

PART III. LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

SECTION J. LIST OF ATTACHMENTS

NUMBER	TITLE
J-1	Contract Pricing Proposal Cover Sheet (to be submitted as the first page of the Business Management Proposal)
J-2	Cost and Price Analysis Summary
J-3	Certificate of Current Cost or Pricing Data
J-4	Statement of Financial Capability
J-5	Financial Display By Year, ETA 2110 Format (Complete instructions for completion of this form can be found in the PRH, Chapter 9, Appendix 902)
J-6	Past Experience Confirmation Questionnaire
J-7	New Contractor Relevant/Transferrable Experience Matrix
J-8	Wage Determination State of <u>NEW YORK</u>

		1. SOLICITATION/CONTRACT/MODIFICATION NO.		FORM APPROVED OMB NO. 9000-0013	
CONTRACT PRICING PROPOSAL COVER SHEET					
2. NAME AND ADDRESS OF OFFEROR (Include Zip Code)		3A. NAME AND TITLE OF OFFEROR'S POINT OF CONTACT		3B. TELEPHONE NUMBER	
		4. TYPE OF CONTRACT ACTION (CHECK)			
			A. NEW CONTRACT		D. LETTER CONTRACT
	B. CHANGE ORDER		E. UNPRICED ORDER		
	C. PRICE REVISION/REDETERMINATION		F. OTHER (Specify)		
5. TYPE OF CONTRACT (Check) ~ FFP ~ CPFF ~ CPIF ~ CPAF ~ FPI ~ Other (Specify)		6. PROPOSED COST (A+B=C)			
		A. COST \$	B. PROFIT/FEE \$	C. TOTAL \$	
7. PLACE(S) AND PERIOD(S) OF PERFORMANCE.					
8. List and reference the identification, quantity and total price proposed for each contract item. A line item cost breakdown supporting this recap is required unless otherwise specified by the Contracting Officer. (Continue on reverse, and then on plain paper, if necessary. Use same headings.)					
A. LINE ITEM NO.	B. IDENTIFICATION	C. QUANTITY	D. TOTAL PRICE	E. REFERENCE	
9. PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER FOR THE FOLLOWING (If Available)					
A. CONTRACT ADMINISTRATION OFFICE			B. AUDIT OFFICE		
10. WILL YOU REQUIRE THE USE OF ANY GOVERNMENT PROPERTY IN THE PERFORMANCE OF THIS WORK? (If "Yes," Identify) 9 YES 9 NO			11A. DO YOU REQUIRE GOVERNMENT CONTRACT FINANCING TO PERFORM THIS PROPOSED CONTRACT? (If "Yes," complete Item 11B) ~ YES ~ NO		11B. TYPE OF FINANCING (Check One)
					~ ADVANCE PAYMENTS ~ PROGRESS PAYMENTS ~ GUARANTEED LOANS
12. HAVE YOU BEEN AWARDED ANY CONTRACTS OR SUBCONTRACTS FOR THE SAME OR SIMILAR ITEMS WITHIN THE PAST 3 YEARS? (If "Yes," identify item(s), customer(s) and contract number(s)) ~ YES ~ NO			13. IS THIS PROPOSAL CONSISTENT WITH YOUR ESTABLISHED ESTIMATING AND ACCOUNTING PRACTICES AND PROCEDURES AND FAR PART 31 COST PRINCIPLES? (If "No," explain) ~ YES ~ NO		
14. COST ACCOUNTING STANDARDS BOARD (CASB) DATA (Public Law 91-379 as amended and FAR PART 30)					
A. WILL THIS CONTRACT ACTION BE SUBJECT TO CASB REGULATIONS? (If "No," explain in proposal) ~ YES ~ NO No CAS covered contracts.			B. HAVE YOU SUBMITTED A CASB DISCLOSURE STATEMENT (CASB DS-1 OR 2)? (If "Yes," specify in proposal the office to which submitted and if determined to be adequate) ~ YES ~ NO		
C. HAVE YOU BEEN NOTIFIED THAT YOU ARE OR MAY BE IN NON-COMPLIANCE WITH YOUR DISCLOSURE STATEMENT OR COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal) ~ YES ~ NO			D. IS ANY ASPECT OF THIS PROPOSAL INCONSISTENT WITH YOUR DISCLOSED PRACTICES OR APPLICABLE COST ACCOUNTING STANDARDS? (If "Yes," explain in proposal) ~ YES ~ NO		
This proposal is submitted in response to the RFP, contract modification, etc. in Item 1 and reflects our best estimates and/or actual costs as of this date and conforms with the instructions in FAR 15.804-6(b) (2), Table 15-2. By submitting this proposal, the offeror, if selected for negotiation, grants the Contracting Officer or an authorized representative the right to examine, at any time before award, those books, records, documents and other types of factual information, regarding the form or whether such supporting information is specifically referenced or included in the proposal as the basis for pricing, that will permit an adequate evaluation of the proposed price.					
15. NAME AND TITLE (Type)			16. NAME OF FIRM		
17. SIGNATURE				18. DATE OF SUBMISSION	

REST OF PAGE IS BLANK

COST AND PRICE ANALYSIS SUMMARY			
Cost Category		1st Contract Year	2nd Contract Year
1	Staff Salaries Excluding Fringe	\$	\$
2	Fringe Benefits for Staff	\$	\$
3	Staff Travel & Per Diem	\$	\$
4	Consultants Costs	\$	\$
5	Subcontract Costs	\$	\$
6	Materials & Supplies	\$	\$
7	Communications Costs	\$	\$
8	All Other Direct Costs	\$	\$
9	Total Estimated Direct Costs	\$	\$
10	Overhead Costs (if applicable) (____%)	\$	\$
11	General and Administrative Costs(____%)	\$	\$
12	Total Estimated Indirect Costs (____%)	\$	\$
13	Total Estimated Direct/Indirect Costs	\$	\$
14	Fixed Fee	\$	\$
15	Total Estimated Cost Including Fixed Fee	\$	\$

FRINGE BENEFITS		%	1 st Year Pay Base (a)	2 nd Year Pay Base (b)	Fringe 1 st Year (%*a)	Fringe 2 nd Year (%*b)
1	Unemployment Insurance		\$	\$	\$	\$
2	FICA		\$	\$	\$	\$
3	Worker's Compensation		\$	\$	\$	\$
4	Health Insurance		\$	\$	\$	\$
5	Dental Insurance		\$	\$	\$	\$
6	Life Insurance		\$	\$	\$	\$
7	Retirement/Pension		\$	\$	\$	\$
8	Other (Specify)		\$	\$	\$	\$
9	Total Costs of Fringe Benefits				\$	\$
ADDITIONAL INFORMATION					\$	\$
10	Estimated Overtime/Holiday Pre- mium Pay				\$	\$
11	Estimated Night Differential				\$	\$
12	Number of Staff Paid Holidays				#	#
13	Estimated Total Number Staff Vacation Days				#	#

COST AND PRICE ANALYSIS SUMMARY				
Cost Category		1st OY	2nd OY	3rd OY
1	Staff Salaries Excluding Fringe	\$	\$	\$
2	Fringe Benefits for Staff	\$	\$	\$
3	Staff Travel & Per Diem	\$	\$	\$
4	Consultants Costs	\$	\$	\$
5	Subcontract Costs	\$	\$	\$
6	Materials & Supplies	\$	\$	\$
7	Communications Costs	\$	\$	\$
8	All Other Direct Costs	\$	\$	\$
9	Total Estimated Direct Costs	\$	\$	\$
10	Overhead Costs (if applicable) (____%)	\$	\$	\$
11	General and Administrative Costs(____%)	\$	\$	\$
12	Total Estimated Indirect Costs (____%)	\$	\$	\$
13	Total Estimated Direct/Indirect Costs	\$	\$	\$
14	Fixed Fee	\$	\$	\$
15	Total Estimated Cost Including Fixed Fee	\$	\$	\$

FRINGE BENEFITS		%	Pay OY1 Base	Fringe OY 1	%	Pay OY2 Base	Fringe OY 2	%	Pay OY3 Base	Fringe OY 3
1	Unemployment Insurance		\$	\$		\$	\$		\$	\$
2	FICA		\$	\$		\$	\$		\$	\$
3	Workmen's Compensation		\$	\$		\$	\$		\$	\$
4	Health Insurance		\$	\$		\$	\$		\$	\$
5	Dental Insurance		\$	\$		\$	\$		\$	\$
6	Life Insurance		\$	\$		\$	\$		\$	\$
7	Retirement/Pension		\$	\$		\$	\$		\$	\$
8	Other (Specify)		\$	\$		\$	\$		\$	\$
9	Total Costs of Fringe Benefits			\$			\$			\$
ADDITIONAL INFORMATION										
10	Estimated Overtime/Holiday Premium Pay			\$			\$			\$
11	Estimated Night Differential			\$			\$			\$
12	Number of Staff Paid Holidays			#			#			#
13	Estimated Total Number Staff Vacation Days			#			#			

CERTIFICATE OF CURRENT COST OR PRICING DATA

This is to certify that, to the best of my knowledge and belief, the cost or pricing data (as defined in section 15.801 of the Federal Acquisition Regulation (FAR) and required under FAR subsection 15.804-2) submitted, either actually or by specific identification in writing, to the Contracting Officer or to the Contracting Officer's representative in support of _____* are accurate, complete, and current as of _____.**. This certification includes the cost or pricing data supporting any advance agreements and forward pricing rate agreements between the offeror and the Government that are part of the proposal.

Firm_____

Name_____ (SIGNATURE)

Title_____

Date of Execution*** _____

- * Identify the proposal, quotation, request for price adjustment, or other submission involved, giving the appropriate identifying number (e.g., RFP No.).
- ** Insert the day, month, and year when price negotiations were concluded and price agreement was reached.
- *** Insert the day, month, and year of signing, which should be as close as practicable to the date when the price negotiations were concluded and the contract price was agreed to.

U.S. DEPARTMENT OF LABOR ! Employment and Training Administration

RFP NO.

STATEMENT OF FINANCIAL CAPABILITY

(Insert the Name and Complete
Mailing Address of Offeror)

A. DATE LAST BALANCE WAS PREPARED <div style="text-align: right;"><</div>		B. FINANCIAL CONDITION <div style="text-align: right;">(as of Date) 19</div>		
PERIOD COVERED (Month, Day, Year)		<div style="display: flex; justify-content: space-between;"> <div>(1) Cash</div> <div>\$</div> </div>		
From	To	<div style="display: flex; justify-content: space-between;"> <div>(2) Current Assets</div> <div>\$</div> </div>		
FILED WITH		<div style="display: flex; justify-content: space-between;"> <div>(3) Current Liabilities</div> <div>\$</div> </div>		
C. DATE FISCAL YEAR ENDS (Month, Day, Year) <div style="text-align: right;"><</div>		<div style="display: flex; justify-content: space-between;"> <div>(4) Net Worth</div> <div>\$</div> </div>		
D. FINANCIAL ARRANGEMENTS TO FACILITATE PERFORMANCE DURING INITIAL PHASE OF CONTRACT ("X" appropriate box(es))				
(1) Own Resources <div style="display: flex; justify-content: space-between;"> <div>~ Yes ~ No</div> </div>	(2) Bank Credit <div style="display: flex; justify-content: space-between;"> <div>~ Yes ~ No</div> </div>	If "YES," complete <div style="text-align: right;"><</div>	a. Name of Bank (1):	b. Amount <div style="text-align: right;">\$</div>
(3) Other (If "YES," Specify) <div style="display: flex; justify-content: space-between;"> <div>~ Yes ~ No</div> </div>				
E. IF ADVANCE PAYMENT IS INDICATED UNDER D(3) ABOVE, COMPLETE THE FOLLOWING:				
(1) Estimated Amount of Advance Payment <div style="display: flex; justify-content: space-between;"> <div>\$</div> <div>for months.</div> </div>		(2) The following advances from the Government are presently being received: (Complete columns "a" thru "e" below)		
AGENCY'S NAME AND ADDRESS	PERIOD OF CONTRACT	CONTRACT NO.	AMOUNT OF ADVANCE	BANK AGREEMENT WITH
(a)	(g)	(c)	(d)	(e)

(If additional space is needed, attach additional sheet(s))

AGENCY'S NAME, ADDRESS, AND TELEPHONE NO.	CONTRACT NO.	AMOUNT OF CONTRACT	PERIOD OF CONTRACT
(1)	(2)	(3)	(4)

G. IF OVERHEAD/INDIRECT COSTS ARE INCLUDED IN YOUR COST PROPOSAL, THE FOLLOWING DATA WILL BE FURNISHED.

<p>(1) Name and Address(es) of Cognizant Government Audit Agency</p>	<p>(2) Name and Address of Government Auditor</p>
	<p>Telephone Area Code</p> <p>No. < ()</p>

(3) Date Last Rate was Computed _____ (Month, Day, Year)
and Negotiated _____<

(4) If no government audit agency computed and authorized the rate claimed, complete "a," "b," and "c" below.

(a) How it is computed?	(b) Who?	(c) Date (Mo..., Day, Yr.)

ATTACH COMPUTATION DATA USED.

COMMENTS

CERTIFICATION:

I CERTIFY that to the best of my knowledge and belief the information contained herein is TRUE and CORRECT.

SIGNATURE	TYPED NAME AND TITLE	DATE (Mo., Day, Yr.)
-----------	----------------------	----------------------

Financial Display by Year (ETA 2110 OA/CDSS format)		1 st YEAR	2 nd YEAR	TOTAL BASE	1 st OPTION	2 nd OPTION	3 rd OPTION	TOTAL CONTRACT
OUTREACH/ADMISSIONS								
01	Outreach/Admissions Staff Expense							
02	Bonus Expense							
03	Admin/Other Staff Expense							
04	Facilities Expense							
05	Travel/Training Expense							
06	Media/Advertising Expense							
07	Contractor G & A							
08	Contractor Fee							
09	Other Expense							
10	TOTAL O/A EXPENSE							
CAREER DEVELOPMENT SERVICES								
11	Career Development Services Staff Expense							
12	Bonus Expense							
13	Admin/Other Staff Expense							
14	Facilities Expense							
15	Travel/Training Expense							
16	Media/Advertising Expense							
17	Contractor G & A							
18	Contractor Fee							
19	Other Expense							
20	TOTAL CAREER DEVELOPMENT EXPENSE							
21	TOTAL OA/CDSS EXPENSE							
22	Furniture/Equipment							
23	TOTAL COST							

Attachment J-6

Past Experience Confirmation Questionnaire

RFP# **AE92C01000** Job Corps Outreach/Admissions&CDSS NEW YORK CITY

To Whom it May Concern:

We are currently responding to the Department of Labor RFP # AE92E01000 for the procurement of outreach/admissions & CDSS services for the City of NEW YORK & LONG ISLAND.

The Department of Labor is placing increased emphasis in their procurements on past performance as a source selection factor. They are requiring that clients of entities responding to their solicitations be identified and their participation in the evaluation process be requested. Therefore, we are requesting that you provide the following information regarding our performance on the contract identified below.

Please complete Sections B-G of this

Questionnaire and return it directly to the address shown below no later than 12:00 p.m., on MARCH 5, 2001.

ATTN: JOSEPH SEMANSKY, Contracting Officer
U.S. DEPARTMENT OF LABOR - ETA
OFFICE OF YOUTH SERVICES/JOB CORPS
201 VARICK STREET, Room 897
NEW YORK, NEW YORK 10014

By my signature below, I authorize you to respond to any additional inquiries by the Department of Labor regarding our performance on the referenced contract.

_____(Signature)_____
(Date)

_____(Title)

A. Contract Identifying Information:

Offeror:

Project Title:

Contracting Officer:

Phone No.

Project Manager:

Phone No.

Address:

FAX No.

Work Performance Period: _____ to _____

Contract Value: \$

Brief Summary of Statement of Work:

B. Outcomes vs. Goals:

1. Were there measurable performance goals or outcomes associated with this contract? If yes, describe:

9 Yes
9 No

For the following questions, where applicable, underline or circle the adjectival rating which most closely represents your assessment of the contractor's performance: Excellent - E, Very Good - VG, Good - G, Fair - F, Poor - P, Unacceptable - U

2. How effective was the contractor in achieving those outcomes?	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good	<input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Unacceptable
C. Cost Control: How well has the contractor:		
1. Performed all contracted services within the budget?	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good	<input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Unacceptable
2. Submitted complete and accurate financial reports and invoices?	<input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good	<input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Unacceptable
3. Has a draft or final audit report disclosed questioned or disallowed costs? If yes, indicate: a. period covered by audit _____ b. disallowed or recommended for disallowance _____ c. disallowed costs as a % of audited funds _____ d. administrative findings _____ _____	<input type="radio"/> Yes <input type="radio"/> No	
Comments: (Explain any ratings below Good)	Summary Adjectival Rating of Cost Control <input type="radio"/> Excellent <input type="radio"/> Fair <input type="radio"/> Very Good <input type="radio"/> Poor <input type="radio"/> Good <input type="radio"/> Unacceptable	

D. Timeliness of Performance: How well has the contractor:		
1. Completed contract requirements and submitted reports and schedules according to specified time frames?	9 Excellent 9 Very Good 9 Good	9 Fair 9 Poor 9 Unacceptable
2. Responded to technical direction and requests in a timely manner?	9 Excellent 9 Very Good 9 Good	9 Fair 9 Poor 9 Unacceptable
Comments: (Explain any ratings below Good)	Summary Adjectival Rating of Timeliness of Performance 9 Excellent 9 Fair 9 Very Good 9 Poor 9 Good 9 Unacceptable	
E. Business Relations: To what extent has the contractor:		
1. Been pro-active in contract monitoring and review?	9 Excellent 9 Very Good 9 Good	9 Fair 9 Poor 9 Unacceptable
2. Demonstrated a responsive and cooperative working relationship with the Contracting Officer and Project staff?	9 Excellent 9 Very Good 9 Good	9 Fair 9 Poor 9 Unacceptable
3. Promptly notified the Contracting Officer of potential problems?	9 Excellent 9 Very Good 9 Good	9 Fair 9 Poor 9 Unacceptable
4. Used effective approaches and provided technical expertise and resources to solve contract problems?	9 Excellent 9 Very Good 9 Good	9 Fair 9 Poor 9 Unacceptable
Comments: (Explain any ratings below Good)	Summary Adjectival Rating of Business Relations 9 Excellent 9 Fair 9 Very Good 9 Poor 9 Good 9 Unacceptable	

F. Customer Satisfaction: To what extent has the contractor:		
1. Been effective in tailoring the program to meet the needs of the customers?	9 Excellent 9 Very Good 9 Good	9 Fair 9 Poor 9 Unacceptable
2. Shown flexibility in operating the program to meet changing program needs and emphases?	9 Excellent 9 Very Good 9 Good	9 Fair 9 Poor 9 Unacceptable
Comments: (Explain any ratings below Good)	Summary Adjectival Rating of Customer Satisfaction 9 Excellent 9 Fair 9 Very Good 9 Poor 9 Good 9 Unacceptable	
Additional Comments:		
Name & Title of Individual Completing Information:		Phone No.

=====

(Department of Labor Use Only)
SUMMARY PAST EXPERIENCE CONFIRMATION

B. Outcomes vs. Goals	
C. Cost Control	
D. Timeliness of Performance	
E. Business Relations	
F. Customer Satisfaction	

Verified by: _____ Date: _____

NEW CONTRACTOR RELEVANT/TRANSFERRABLE EXPERIENCE MATRIX

MAJOR JOB CORPS O/A PROGRAM ELEMENTS	RELEVANT/TRANSFERRABLE CONTRACTOR EXPERIENCE (List examples which are relevant/equivalent in content, scope and/or complexity to the requirements of this procurement)	CONTRACT SOURCE (List contract number(s))
Outreach (PRH Chapter 1)		
Admissions (PRH Chapter 1)		
Career Development Services (PRH Chapter 7)		
Program Management & Administration (PRH Chapter 8)		

ATTACHMENT J-8

Wage Determination
State of NEW YORK

(Will be provided when available)

SECTION G CHARTS A. Estimated Cost and Fixed Fee

The total estimated cost and fixed fee for this contract are as follows:

Estimated Cost and Fixed Fee		1 st Year	2 nd Year	2-Year Total
a.	Outreach/Admissions	\$	\$	\$
b.	Fixed Fee	\$	\$	\$
c.	Career Development Services	\$	\$	\$
d.	Fixed Fee	\$	\$	\$
Total Estimated Cost (a+b+c+d)		\$	\$	\$

B. Summary of Funds Available

The sum presently available for payment and allotted to this contract is noted in the table below:

Cost Category	Amount
Outreach/Admissions	\$
Career Development Services	\$
TOTAL	\$

It is estimated that the above-listed available funds will cover the period _____ through _____. Fixed fee shall be paid out of the outreach/admissions funding.

C. Payment and Payment Due Date

1. Allowable Costs

In accordance with Clause 52.216-7, "Allowable Costs and Payment," the contractor shall be reimbursed for allowable, allocable costs incurred in

performance of the work under this contract. In addition to reimbursements for direct costs incurred, the contractor shall be reimbursed for indirect costs in accordance with the FAR 42.7, "Indirect Cost Rates." Indirect Cost Rates shall be negotiated by the

Department of Labor's Office of Cost Determination or other cognizant audit agency.

Indirect Costs applicable to this contract shall be calculated by applying a " provisional, " negotiated, or " proposed rate to bases as shown below:

Indirect Cost	Base of Allocation	Rate for each Contract Year				
		1	2	3	4	5
G&A	Total Costs, excluding G&A and Contractor's Fee					
Overhead 9Applicable 9Not Applicable	Total Direct Salaries and Wages (9including/9excluding fringe benefits)					
Total Indirect Cost						

For billing purposes, costs shall be calculated using the approved provisional rate as shown above, until a final rate is established. In the absence of an approved provisional rate, a negotiated/proposed rate shall be used.

In no event shall the reimbursement for G&A and overhead exceed the following ceiling: G&A____%, Overhead____%

When final G&A and overhead rates are established, the total amount of Indirect Costs payable under this contract shall be determined by multiplying the final rate, or ceiling rate, whichever is lower, by the total amount of allowable costs incurred for center operations, outreach/ admissions and placement. The total amount billed shall then be subtracted from this figure to determine the amount of G&A and overhead expense due to the contractor, or refund due to the Government in the event that the amount billed exceeds the total amount payable under the contract.

The contractor agrees that the estimated costs for providing outreach/admissions and career development services in each of the option years will be based on the agreed-to budget for ongoing expense in the preceding year, with an appropriate adjustment for price inflation using the same inflationary factor that is reflected in the Congressional Job Corps appropriation for the budget or program year in which the option year begins. The amounts shown in the Option Year budget table provided below are therefore considered provisional, except that the fixed fee amounts are considered final unless changed by subsequent bilateral contract modification.

Estimated Cost and Fixed Fee for Option Years				
Cost Category		OY1	OY2	OY3
a.	Outreach/Admissions	\$	\$	\$
b.	Fixed Fee	\$	\$	\$
c.	Career Development Services	\$	\$	\$
d.	Fixed Fee	\$	\$	\$
Total Estimated Cost (a+b+c+d)		\$	\$	\$

B. Non-Option Extension

Should the Government not exercise its option to extend for one of the above option years, the contractor agrees, if requested, to extend the contract for up to 120 days beyond the then scheduled completion date. An equitable adjustment for such an extension will be provided by the Government for the period of the extension in proportion to the cost per arrival then in effect. In accordance with the clause entitled "Limitation of Cost," the contractor shall notify the Contracting Officer if such funding will not be sufficient for operations during the period of the extension. The contractor shall perform the work under this paragraph pursuant to a plan for the operation of the program approved by the Contracting Officer. In the absence of such an approved plan, the contractor will continue to operate the program in accordance with the plans in effect at the time of the extension until written directions are issued by the Contracting Officer.